

APPLICATION FOR NEW HAMPSHIRE LICENSED PLUS QUALITY RATING – OPTION 2

CHECK TYPE OF APPLICATION:

☐ NEW

☐ RENEWAL (EVERY 3 YEARS)

PROGRAM NAME: _____

PHONE NUMBER: _____

LICENSE TYPE: ☐ **FAMILY CHILD CARE HOME**
☐ **CENTER BASED CHILD CARE PROGRAM**

☐ **FAMILY GROUP CHILD CARE HOME**
☐ **SCHOOL AGE CHILD CARE PROGRAMS**

ACTUAL LOCATION ADDRESS:

STREET CITY/TOWN STATE ZIPCODE

MAILING ADDRESS (IF DIFFERENT):

STREET/PO BOX CITY/TOWN STATE ZIPCODE

NAME OF PROGRAM DIRECTOR/FAMILY CHILD CARE PROVIDER:

EMAIL ADDRESS: _____

NAME OF APPLICANT, IF DIFFERENT FROM PROGRAM DIRECTOR/FAMILY CHILD CARE PROVIDER:

EMAIL ADDRESS: _____

INSTRUCTIONS: Option 2 is for programs that are engaged in a national accreditation process but have not yet achieved national accreditation. Programs that are currently nationally accredited have already **exceeded Licensed Plus requirements and are not eligible** for the NH Licensed Plus program.

- It is mandatory that you document compliance with a total of three standards, specifically one, two and either 3a. or 3b.
- Required documentation must accompany this form. Each item of documentation should be labeled in red in the upper right hand corner with the corresponding standard number. For example, the copy of your license will be labeled with a red "1" on the upper right corner.
- Tally the entries in the right hand column to confirm that you have selected, documented and/or verified compliance with a total of **3** standards.
- **If you are certified** by the Department of Health and Human Services, Division for Children, Youth and Families (DCYF), to provide child care services for children in preventative or protective care, please place a check mark in the appropriate box below, and **include a copy of your current certification**.
☐ Yes, I am certified by DCYF ☐ No, I am not certified by DCYF
- Programs that have been issued a Licensed Plus Certificate will be required to complete and submit an Update form annually, indicating any changes, along with supporting documentation.
- Keep a copy of this application and supporting documentation for your records.
- If you have questions or need further information contact the Licensed Plus Program at 271-4829 or 1-800-852-3445, extension 4829, or view the licensed plus web site at:
- Submit this application and documentation to:

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PROGRAM SUPPORT, BUREAU OF CONTINUOUS IMPROVEMENT AND INTEGRITY
129 PLEASANT STREET, CONCORD, NH 03301-3857
ATT: LICENSED PLUS PROGRAM SPECIALIST

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| LICENSED PLUS STANDARDS (OPTION TWO) | | DOCUMENTATION REQUIREMENTS PLACE A CHECK MARK ✓ IN THE COLUMN TO THE RIGHT OF EACH APPLICABLE STANDARD TO INDICATE THAT YOU HAVE ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION, AND OR INITIALLED THE VERIFICATION STATEMENT WHERE REQUIRED. | |
| REGULATION | | | |
| My license, issued by the NH Department of Health and Human Services is current and is not conditional or suspended | | Copy of your current license. LICENSE NUMBER: _____ | |
| LEARNING ENVIRONMENT | | | |
| 2. At least one current employee must have, in the past twelve months, attended a workshop incorporating New Hampshire Early Learning Guidelines. | | Copy of a certificate of attendance documenting that in the past 12 months at least 1 employee has attended a workshop incorporating NH Early Learning Guidelines. | |
| 3A. The program is participating in the Head Start federal review process. | | Evidence of participation in the Head Start Federal Review Process, without a deficiency. | |
| 3B. The program is in the process of becoming accredited, as follows: (Place a check mark in the applicable boxes below.) <input type="checkbox"/> For family child care homes: <input type="checkbox"/> The National Association for Family Child Care (NAFCC) or <input type="checkbox"/> The National Association for the Education of Young Children (NAEYC). <input type="checkbox"/> For Center Based Programs: <input type="checkbox"/> The National Association for the Education of Young Children (NAEYC). <input type="checkbox"/> For School Age Programs: The National Afterschool Association (NAA) | | A letter from NAFCC confirming that an "observation visit" has been requested by the program director. Evidence of participation in "Step Two: Becoming an Applicant for Accreditation". Evidence of participation in "Step Two: Becoming an Applicant for Accreditation". A letter from NAA confirming that the program's application for accreditation has been forwarded to the Regional Point Affiliate, Endorsement Visit Scheduler". | |
| | | PLEASE TOTAL THE STANDARDS DOCUMENTED WITH THIS APPLICATION TO ENSURE THAT YOU HAVE DEMONSTRATED COMPLIANCE WITH 3 STANDARDS, INCLUDING STANDARDS 1, 2 AND 3A OR 3B. _____ | |
| The following section must be signed and dated by the family child care provider or program director, and the owner applicant as applicable. | | | |
| By signing below, I hereby verify that: <ul style="list-style-type: none"> • I have read and understand the Licensed Plus Quality Rating Standards and the requirements for the application process. • I understand that a Licensed Plus Program Specialist may visit my program to discuss the application, offer consultation, and review applicable records for compliance. • I understand that submission of false or misleading documents will be considered fraudulent, which may result in revocation of my NH Child Care Agency License, billing privileges with the Department, and my Licensed Plus Quality Rating. • All information provided as part of this application and in all attachments is true and accurate to the best of my knowledge. <div style="display: flex; justify-content: space-between;"> <div> Signature of Family Child Care Provider: _____ Date signed: _____ </div> <div> Signature of Program Director: _____ Date signed: _____ </div> </div> <div style="margin-top: 10px;"> Signature of Owner/Applicant (Center Based/School Age Programs only): _____ Date signed: _____ </div> | | | |